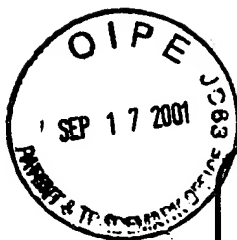


GAE 2812

Please type a plus sign (+) inside this box → ☐
 PTO/SB/21 (6-98)
 Approved for use through 09/30/2000. OMB 0651-0031
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/643,004
	Filing Date	August 21, 2000
	First Named Inventor	Garry A. Mercaldi
	Group Art Unit	2812
	Examiner Name	Unknown
Total Number of Pages in This Submission	Attorney Docket Number MI22-1358	

ENCLOSURES (check all that apply)						
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Return Postcard PTO-1449 Cited References </div>				
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Remarks</td> <td>Customer No. 021567</td> </tr> <tr> <td colspan="2"> The Commissioner is hereby authorized to charge any additional fees required under 37 C.F.R. § 1.116 and § 1.17 and credit any overpayments to account no. 23-0925. </td> </tr> </table>			Remarks	Customer No. 021567	The Commissioner is hereby authorized to charge any additional fees required under 37 C.F.R. § 1.116 and § 1.17 and credit any overpayments to account no. 23-0925.	
Remarks	Customer No. 021567					
The Commissioner is hereby authorized to charge any additional fees required under 37 C.F.R. § 1.116 and § 1.17 and credit any overpayments to account no. 23-0925.						

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James E. Lake; Reg. No. 44,854; Wells, St. John, et al
Signature	
Date	10 Sep 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>9/10/01</u>			
Typed or printed name		Gail Wright	
Signature		Date	9/10/01

 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**